

## **GOOD CENTS** **PROGRAM**

The Good Cents program generates funding for qualified homeowners in the Roof Loan program provided by the City's Planning and Redevelopment Division.

Residents interested in participating complete an application authorizing the total amount due on utility service bills to be rounded up to the next dollar. The difference between the actual amount due and the next dollar amount will be designated for the Good Cents Program.

The maximum annual donation for each household would be \$3.96 which is a little more than one cent per day.

All donation income will be used to provide assistance to qualified homeowners in need.

Enroll in the Good Cents program by using the form inside this brochure.

If you have questions or need additional information prior to registering, please contact the Planning and Redevelopment Division at 732.2900.

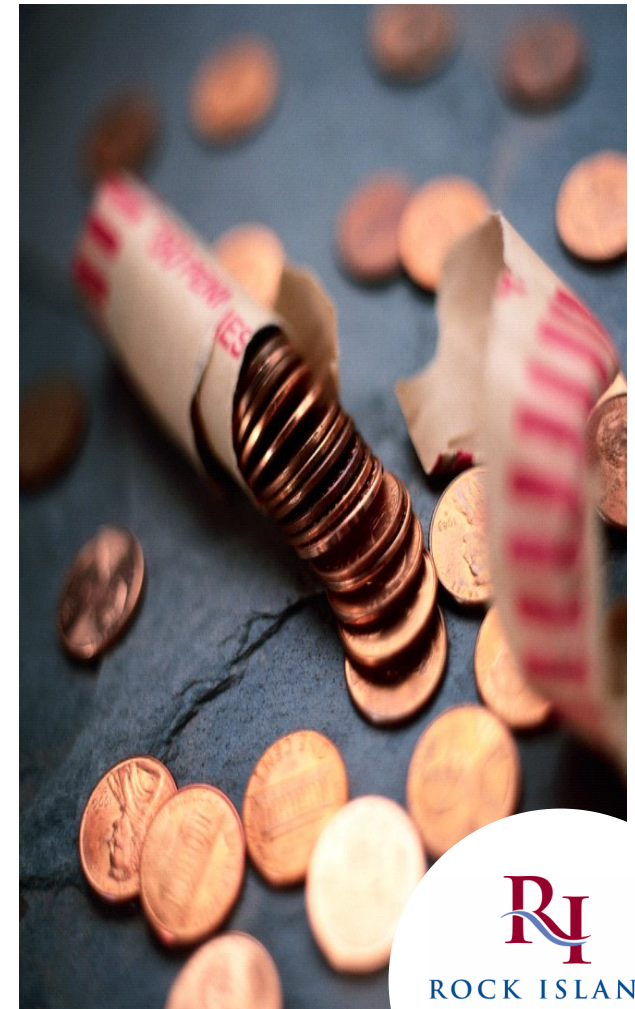


**ROCK ISLAND**  
ILLINOIS

Rock Island, IL > 309.732.2000 >  
[www.rigov.org](http://www.rigov.org)  
**Rock Solid. Rock Island.**

# Good Cents

## Planning and Redevelopment Division



**ROCK ISLAND**  
ILLINOIS

Please fill out the information at the bottom of the page in order to participate in the “Good Cents” program. **The completed form may be returned or mailed to:**

**City of Rock Island  
Attn: Planning and Redevelopment Division  
1528 Third Avenue  
Rock Island, Illinois 61201**

If you need assistance or have any questions, please contact the  
Planning and Redevelopment Division at 732-2900,  
Monday through Friday between 7:30 a.m. and 5:00 p.m.

**Please make sure to sign the form before returning it to the City of Rock Island.**

**AUTHORIZATION TO PARTICIPATE IN THE GOOD CENTS PROGRAM**

I (We) hereby authorize City of Rock Island to increase the total amount due quarterly for utility usage to the next whole dollar. I (We) agree to pay the larger amount and contribute the additional money to the Good Cents financial assistance program. If I (We) decide to discontinue participation in this program, I (We) will notify the City of Rock Island in writing and I (We) understand this request will be honored on the next quarterly invoice after being received.

UTILITY ACCOUNT NUMBER: \_\_\_\_\_

NAME(S) ON UTILITY ACCOUNT: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

For Office Use Only: \_\_\_\_\_